DATENT	ADDITION FEE	DETERMINATION RECORD
PAICNI	AFFLICATION FEE	DETERMINATION RECURD

Effective October 1, 2000

Application or Docket Number

09/752009

		 :		11 /	, –,	<u> </u>						
		CLAIMS AS	S FILED - PART I (Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS			23				Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			23 minus 20=		* 3			X\$ 9=		OR	X\$18=	54
INDEPENDENT CLAIMS			→ minus 3 =		. 1			X40=		OR	X80=	80
MULTIPLE DEPENDENT CLAIM PRESENT							i	. 105			. 270	
* If the difference in column 1 is less than zero, enter "0"					r "0" in c	olumn 2	L	+135=		OR	+270=	844
,							TOTAL		OR	TOTAL		
		(Column 1)	MENDED - PART II (Column 2) (Column 3)			_	SMALL ENTITY			OTHER THAN R SMALL ENTITY		
AMENDMENT A	:	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	.23	Minus	Z	<u> </u>	=		X\$ 9=		OR	X\$18=	
AME	Independent	. 10	Minus	***	4	= 6		X40=		OR	XS	504
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							J	+135=		OR	+270=	,
×£							L	TOTAL			TOTAL	504
		. A	ADDIT. FEE		JOI1.	ADDIT. FEE	30/					
		(Column 1) CLAIMS		(Colu		(Column 3)	1 -			1 1		
AMENDMENT B		REMAINING AFTER		NUM PREVI	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
	Total	+ 21	Minus		FOR		┧┟	V# 0	FEE		V#40	FEE
Ē	Independent	. \3	Minus	*** 4		=	┧┟	X\$ 9=	,	OR	X\$18=	
A	<u>'</u>	NTATION OF M	<u>1</u>	ENDEN	CLAIM	1	┨┟	X40=		OR	X80=	
								+135=		OR	+270=	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	***	(Column 1)		(Colu		(Column 3)				-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=	·	OR	X\$18=	
	Independent	<u> </u>	Minus	***		=	↓	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┛ ┞					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+135=	-	OR	+270=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		mber Previously Pa					er four	nd in the app	ropriate box	(in co	lumn 1.	•